

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38563

1. PLACE OF DEATH

County Rolls
Township Spencer
City New London (No. , St. , Ward)Registration District No. 726
Primary Registration District No. 4432File No. 38563
Registered No. ,

2. FULL NAME

Carolyn Ragan(a) Residence, No. New London Mo St. , Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND-OF
(OR) WIFE OFSylvester Ragan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 12 - 1854

7. AGE

83

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....

OCCUPATION

FATHER
MOTHER12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Dr. A.C. Ragan
Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Barkley Cemetery DATE Oct - 30 - 193719. UNDERTAKER
(ADDRESS)O'Donnell Funeral Home
New London - Mo

20. FILED

10/30

19

Blanche McGowan
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct - 28 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 23, 1937, to Oct 28, 1937I last saw him alive on Oct 28, 1937. Death is saidto have occurred on the date stated above, at 8:45 Am.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M J Waters, M. D.(Address) New London, Mo

